

Return Address:



201710310189

Skagit County Auditor
10/31/2017 Page

1 of 3 3:00PM
\$36.00

Document Title:

Death Certificate

Reference Number (if applicable):

201709200067

Grantor(s):

☐ additional grantor names on page ____.

- 1) Andy Van Esch estate
- 2) Wash. State of

Grantee(s):

☐ additional grantor names on page ____.

- 1) Andy van Esch
- 2) Christopher van Esch

Abbreviated Legal Description:

☐ full legal on page(s) ____.

Ptn Lt 10 Bl 1 Albert Balchs Wedgwood

Assessor Parcel /Tax ID Number:

☐ additional parcel numbers on page ____.

P54727

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

20175148
OCT 31 2017

Amount Paid \$ 0
By Skagit Co. Treasurer
81 Deputy

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2017-042486

DATE ISSUED: 10/04/2017

FEE NUMBER:

FIRST AND MIDDLE NAME(S): ANDY

LAST NAME(S): VAN ESCH

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: SEPTEMBER 30, 2017

HOUR OF DEATH: 07:00 AM FOUND

SEX: MALE

AGE: 70 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: GROENEGAN NETHERLANDS

MARITAL STATUS: MARRIED

SPOUSE: DEBBIE DIVERS

OCCUPATION: FABRICATOR

INDUSTRY: WELDING

EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE

US ARMED FORCES: YES

INFORMANT: DEBBIE VAN ESCH

RELATIONSHIP: WIFE

ADDRESS: 1108 SOUTH 21ST ST MOUNT VERNON, WA 98274

CAUSE OF DEATH:

A: RIGHT RENAL CELL CARCINOMA WITH METASTASIS

INTERVAL: 8 MONTHS

B:

INTERVAL:

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

DATE OF INJURY:

HOUR OF INJURY:

INJURY AT WORK:

PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:

COUNTY:

DESCRIBE HOW INJURY OCCURRED:

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: HOME

FACILITY OR ADDRESS: 1108 SOUTH 21ST ST

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274

RESIDENCE STREET: 1108 SOUTH 21ST ST

CITY, STATE, ZIP: MOUNT VERNON, WA 98274

INSIDE CITY LIMITS: YES

COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 45 YEARS

FATHER/PARENT: HENDERIKUS VAN ESCH

MOTHER/PARENT: PATRICIA [REDACTED]

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARK CREMATORY

CITY, STATE: MOUNT VERNON, WASHINGTON

DISPOSITION DATE: OCTOBER 04, 2017

FUNERAL FACILITY: HAWTHORNE FUNERAL HOME

ADDRESS: PO BOX 398

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

FUNERAL DIRECTOR: THOMAS CUFLEY

MANNER OF DEATH: NATURAL

AUTOPSY: NO

WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE:

CAUSE OF DEATH: NOT APPLICABLE

DID TOBACCO USE CONTRIBUTE TO DEATH: PROBABLY

PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: GILSON R. GIROTTO, DO

TITLE: DO

CERTIFIER ADDRESS: 1990 HOSPITAL DRIVE, SUITE 100

CITY, STATE, ZIP: SEDRO WOOLLEY, WA 98284

DATE SIGNED: OCTOBER 02, 2017

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: CHERYL PETERSON

DATE RECEIVED: OCTOBER 03, 2017



Affidavit for Correction

This is a legal document. Complete in ink and do not alter.

Mail to: Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
360-236-4300

STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
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Required Information must match current information on record

Required	Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution (Divorce)		
	1. Name on Record: <i>Doyle, Carl</i>	2. Date of Event: <i>March 1971</i>	3. Place of Event: <i>City of Seattle</i>
	4. Father/Parent Full Legal Name (Spouse A for Marriage or Dissolution) <i>Doyle, Arthur</i>	5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) <i>Doyle, Mary Ellen</i>	
	6. Name of Person Requesting Correction: <i>Doyle, Carl</i> Relationship to Person on Record: <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (specify)		
	7. Return Mailing Address: <i>P.O. Box 123456, Seattle, WA 98101</i>		
Telephone Number: <i>(206) 123-4567</i>		Email Address: <i>carl@doyle.com</i>	

Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:

The record now shows:	The true fact is:
8. <i>Doyle, Carl</i>	9. <i>Doyle, Carl</i>
10. <i>Doyle, Carl</i>	11. <i>Doyle, Carl</i>
12. <i>Doyle, Carl</i>	13. <i>Doyle, Carl</i>
14. <i>Doyle, Carl</i>	15. <i>Doyle, Carl</i>

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct

16a. Signature: <i>Doyle, Carl</i>	16b. Signature of 2 nd parent (if required):
Printed name: <i>Doyle, Carl</i>	Printed name:
Date: <i>10/04/2017</i>	Date:

INSTRUCTIONS – go to www.doh.wa.gov for more information

Driver's license, Social Security card or hospital decorative birth certificate cannot be used as proof

Required documentary proof must be submitted with the affidavit and include full name and birth date. Examples of documentary proof include:

- Birth/Marriage/Divorce record
- Military record (DD-214)
- School transcripts
- Social Security Numident Report
- Certificate of Naturalization
- Hospital/medical record
- Passport
- Green/Permanent Resident card (I-551)

Birth Certificates

1. Only a parent(s), legal guardian (if the child is under 18), or the named individual (if 18 or older) may change the birth certificate.
2. **The proof(s) must match** the asserted fact(s). For example, if the affidavit says the name should be Mary Ann Doe, the proof must show the name to be Mary Ann Doe.
3. Documentary proof must be five or more years old or established within five years of birth.

Child under 18

- If legal guardian(s), include certified court order proving guardianship
- Up to age one, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names)*
- After age one, a court order is required to change the last name
- No proof is required to change the first or middle name*
- To correct parent's information, one documentary proof is required.
- To correct the sex of the child, one documentary proof from a medical provider is required

Adult (18 years or older)

- Only the adult can change his or her birth certificate
- If the first or middle name is missing, three pieces of documentary proof are required
- If the first, middle and/or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required
- To correct parent's birth date, place of birth, or name, one documentary proof is required

*To change any part of the name of a child, signatures from both parents listed on the certificate are required. If one parent is deceased, submit a death certificate with request.

This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DOH 422-032)

Death Certificates

1. Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information. Proof is required to make changes if requested by a family member not listed as the informant on the certificate (family members are spouse or registered domestic partner, parent, sibling or adult child or stepchild). The informant may change marital status with proof. Marital status requires a certified copy of a court order if someone other than the informant is requesting the change.
2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

1. Personal facts (minor spelling changes in name, date or place of birth or residence) may be changed by the person with one piece of documentary proof.
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit.

DOH 422-034 October 2015

CERTIFIED

OCT 04 2017

Howard Leibrand
Skagit County Health Department
Howard Leibrand M.D., Health Officer

Certificate not valid unless the Seal of the State of Washington changes color when heat applied.



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